

Imaging program expands to include level of care reviews FAQs

Background: Effective with dates of service on or after July 1, 2017, for members covered by local plans in Indiana, Kentucky, Missouri and Wisconsin, and on or after September 1, 2017, for members covered by the local plan in Ohio, Anthem Blue Cross and Blue Shield (Anthem) requires a medical necessity review of the requested level of care for computed tomography (CT) imaging and magnetic resonance imaging (MRI). A new clinical guideline, *Level of Care: Advanced Radiologic Imaging, CG-MED-55*, applies to the review process. The review is administered by AIM Specialty Health® (AIM), a separate company.

Q: What services are included in the expanded imaging program?

A: Effective July 1, 2017, for IN, KY, MO and WI, and effective September 1, 2017 for OH, AIM Specialty Health® (AIM) will review requested level of care for advanced imaging services, i.e., computed tomography (CT) imaging and magnetic resonance imaging (MRI). AIM will review the precertification request and the level of care against health plan clinical criteria.

Q. When will AIM approve CT scans or MRIs in a hospital setting?

A. If it is medically necessary that the CT scan or MRI be provided in a hospital setting, then members will receive approval to receive the service in a hospital setting. If it is NOT medically necessary for the member to receive the service in a hospital setting, the request for authorization will be denied as not medically necessary for that site of care. Existing authorizations will be honored until the authorization expires.

Q: Are pediatric populations/members included in this level of care guideline?

A: Yes. If available alternative free-standing imaging locations are not able to offer the exam to pediatric patients, then the patient/member will not be redirected and the hospital outpatient location will be approved. Only facilities with advanced imaging services that meet criteria for pediatrics will be offered to ordering physicians as a viable alternative option.

Q. Which members are included in this expanded imaging program?

A. The expanded program may apply to local fully-insured Anthem members in Indiana, Kentucky, Missouri and Wisconsin, who have advanced imaging services medically managed by AIM under a full Utilization Management program. It does not apply to BlueCard®, Medicare Advantage, Medicaid, Medicare Supplement, Federal Employee , Program® (FEP®), members who are covered under an administrative services only (ASO) benefit plan, or those covered by DaimlerChrysler, Delphi, Ford Motor Group, or General Motors.

Q: What happens if the CT scan or MRI is approved, but the outpatient facility level of care is denied for medical necessity?

A: AIM will review the imaging service request both for clinical appropriateness and the level of care against health plan clinical criteria. If the service is medically necessary but the outpatient facility setting is not, a medical necessity denial would be issued for the service. The physician will be given a list of alternative free-standing imaging centers that are clinically appropriate.

Q: How will a member and/or physician know what alternative free-standing imaging centers are available?

A: AIM will identify alternative free-standing imaging locations and provide those to the physician when the authorization is requested and reviewed. AIM's contact information will be available in the denial letter and members and physicians will be able to contact AIM to obtain information on available alternative free-standing imaging centers.

Q: What are the alternative sites of care locations?

A: The alternative locations are free-standing imaging centers with the capability to perform imaging scans.

Q: If members have a previously approved facility authorization on file, are they required to change the site of care?

A: Anthem will honor previously approved authorizations until the current authorization expires.

Q: Why is Anthem doing this?

A: Anthem is committed to the Institute for Healthcare Improvement (IHI) Triple Aim Initiative -- a framework developed by the IHI that describes an approach to optimizing health system performance using the following dimensions:

- Improving the patient experience of care (including quality and satisfaction)
- Improving the health of populations
- Reducing the per capita cost of health care

Clinical research shows the safety of providing imaging services in free-standing imaging centers. The clinical research is included in a new clinical guideline, Level of Care: Advanced Radiologic Imaging, CG-MED-55.

Anthem's primary concern is to provide access to quality and safe health care for our members. We are also committed to reducing overall medical cost where possible when the safety of the member is not put at risk.

Q: Will this program change the member's out-of-pocket cost?

A: Out-of-pocket costs can vary depending on the member's plan. If the member has a benefit plan where he or she pays a percentage of the cost, it is possible that his or her percentage of out-of-pocket cost may be reduced. This is because the cost to undergo a CT or MRI scan administered in a free-standing imaging facility may be less than what a hospital-based facility would charge. If the member has a facility copay, there may not be a reduction in a member's out of pocket cost. Please refer to the member's plan benefits.

Q: If there is no reduction in the member's out-of-pocket cost, can the member still use a hospital facility?

A: The approval or denial of the facility site of service is based on medical necessity. If it is not medically necessary for a member to have the imaging service provided in a facility, the request will be denied as not medically necessary and alternative free-standing imaging centers will be provided.

Q: What if the member or physician wants to appeal the level of care medical necessity denial?

A: The same appeal processes would apply to the level of care medical necessity denial as other clinical denials. If the level of care is not clinically appropriate, the request will not be approved.

Q: What if a physician ignores the denial for level of care and the member receives the imaging service in a hospital outpatient setting? Will the member be held responsible for the cost?

A: Under the terms of the health plan's participating facility agreements, if the in-network outpatient facility provides the service irrespective of a medical necessity denial issued, the facility would be responsible for the cost. The member would not be responsible for the cost of the service unless a waiver has been signed and the member has agreed to be held financially responsible for the services.

Q: Where can a member call to discuss alternative locations?

A: The member can call the AIM number listed in the denial letter.

Q: Who performs the level of care review and makes the determination if the provision of the imaging service in an outpatient hospital facility setting meets Anthem's level of care clinical guideline?

A: The level of care imaging review will be provided by an AIM clinician against Anthem's new clinical guideline, CG-MED-55.

Q: Where can I find Anthem's new clinical guideline, CG-MED-55?

A: CG-MED-55 can be found [here](#), or go online to anthem.com>Tools for provider (select state)> Medical Policy, Clinical UM Guidelines, and Pre-Cert Requirements.

Q: If the physician orders the imaging service in a hospital outpatient setting and does not obtain pre-service review through AIM (i.e., prior authorization or precertification), will the service be reviewed post-service for level of care?

A: Yes, if the member's benefit plan supports post-service review, the imaging service will be subject to CG-MED-55. Post-service clinical reviews will be handled by Anthem for local Indiana, Kentucky, Missouri Ohio and Wisconsin Anthem members who have advanced imaging services medically managed by AIM under a full Utilization Management program. It does not apply to BlueCard®, Medicare Advantage, Medicaid, Medicare Supplement, Federal Employee Program® (FEP®), members who are covered under an administrative services only (ASO) benefit plan, or those covered by DaimlerChrysler, Delphi, Ford Motor Group, or General Motors.

Q. Why did AIM add a question on the *OptiNet*® online assessment tool to capture the "Provider Type" (Provider's Billing Information)?

A. AIM is collecting this information to ensure that your facility is correctly listed as 1) a Free Standing Imaging Facility (FSIF) or Physician Group, or 2) outpatient hospital.

Q. What does AIM do with the information?

A. For providers that bill with place of service codes 11, 49, or 81, AIM has prepopulated the "Provider Type" selection with Freestanding Imaging Facility/Physician Groups. For providers that bill with place of service codes 19 or 22, AIM has prepopulated the "Provider Type" selection as Outpatient Hospital Department.

Prior to the effective start date for your state, advanced imaging providers should review their *OptiNet* registration to ensure all information is current; the prepopulated Place of Service code is correct; and the "Provider Type" accurately reflects the site's status as a FSIC, physician group, or hospital.

Q. What happens if my "Provider Type" is not prepopulated by AIM?

A. Update your "Provider Type" by simply editing the assessment. Once you have selected the applicable "Provider Type," submit your statement of attestation. Provider assessments that are already complete will remain in a Completed status until an update has been applied to the assessment.

Q. What if a new Provider registration is needed?

A. For providers that have new sites to register, the registration process will remain the same but will have the new "Provider Type" field available for selection.

Q. How can I get more information on registration?

A. If you have questions or need help completing the "Provider Type" question included in the *OptiNet* assessment, please call AIM *OptiNet* Customer Service at 800-252-2021.

Q. How can I get more information on the Imaging program?

A. AIM has created an educational website dedicated to its Radiology services. Visit aimproviders.com/radiology for a list of imaging modalities requiring review, details on the imaging clinical site of care review process, how to register your site in *OptiNet*, and more.

Anthem Blue Cross and Blue Shield is the trade name of: In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Ohio: Community Insurance Company. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWi), underwrites or administers PPO and indemnity policies and underwrites the out of network benefits in POS policies offered by CompCare Health Services Insurance Corporation (CompCare) or Wisconsin Collaborative Insurance Company (WCIC). CompCare underwrites or administers HMO or POS policies; WCIC underwrites or administers Well Priority HMO or POS policies. Independent licensees of the Blue Cross and Blue Shield Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are the registered marks of the Blue Cross and Blue Shield Association.